

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

3	F2 33	
	OMB APP	ROVAL
	OMB Number:	3235-0076
	- Produces	April 30, 2008
-		
ĺ	06063	096

Name of Offering ( check if this	is an amendment and name has changed, and	indicate change.)	
The VisionWorks Group, LLC			
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505	☑ Rule 506 ☐ Section 4(6	i) DULOE
Type of Filing:   New Filing	□Amendment		
	A. BASIC IDENTIFICAT	TON DATA	
1. Enter the information requested about	the issuer		
Name of Issuer ( check if this is an amer	dment and name has changed, and indicate o	hange.)	
The VisionWorks Group, LLC			
Address of Executive Offices		, <u> </u>	umber (Including Area Code)
	dress of Executive Offices (Number and Street, City, State, Zip Code)  11 N. Waukegan Road, Suite 255, Bannockburn, IL 60015  dress of Principal Business Operations (Number and Street, City, State, Zip Code)  different from Executive Offices)  ef Description of Business:  mufacture and sale of consumer home products		
	iber (Including Area Code)		
Brief Description of Business:			
Manufacture and cale of consumer home n	ro dunts		
Type of Business Organization	Codeis	<del></del>	
Corporation	□limited partnership, already former	i 🖾 other (please s	specify): limited liability company
☐ business trust	☐ limited partnership, to be formed	•	
	Month	Year	PROCESSED
Actual or Estimated Date of Incorporation			ctual DEstimated
Jurisdiction of Incorporation or Organizati	on: (Enter two-letter U.S. Postal Service abb		DEC 0 & anne
	CN for Canada; FN for other foreign	jurisdiction) I L	<u>DEC 0 4</u> 2006
GENERAL INSTRUCTIONS	-		P THOMSON
Federal:			
	fering of securities in reliance on an exempti	on under Regulation D or Sect	FINANCIAL 17 CFR 230.501 et seg. or 13
to the attended times and respects manering and or	samp or accurate in resistance on an eversibe		

U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



2. Enter the information re					
		wing: been organized within the p	ast five years		
<ul> <li>Each beneficial owner b</li> </ul>	saving the power to v	ote or dispose, or direct the	vote or disposition of, 10%	or more of a class of	of equity securities of the issuer;
<ul> <li>Each executive officer a</li> </ul>	and director of corpo	rate issuers and of corporate	general and managing part	ners of partnership	issuers; and
Each general and management	ing partner of partne	ership issuers.			<u> </u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	图General and/or
Glass, Jeffrey					Managing Partner
Full Name (Last name first, i	·				
2201 N. Waukegan Road, E					
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	EEEEcutive Officer	☐ Director	EGeneral and/or
Wasserman, Joel					Managing Partner
Full Name (Last name first, i	f individual)				
2201 N. Waukegan Road, E	Sannockburn, IL 6	0015			
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)		•	
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	Executive Officer	☐ Director	[]General and/or
Wiltz, Robert					Managing Partner
Full Name (Last name first, i	f individual)				
2201 N. Waukegan Road, E	Sannockburn, IL 6	0015			
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	E Executive Officer	☐ Director	□General and/or
Swislow, Mark	<u> </u>				Managing Partner
Full Name (Last name first, i	f individual)				
2201 N. Waukegan Road, F	Bannockburn, IL 6	0015			
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)	<del></del>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	ElGeneral and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and Stre	ect, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	□General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1977.			Calendary (R. S.)		HVA IV. LE	457.088.4867		La Para and			Figure 121		
1.	Has the	issuer so	id, or does	the issuer i	ntend to se Answer also	ell, to non-a o in Appendix	ccredited in Column 2, if	ivestors in the filing under U	this offering	?	***************************************	Yes . 🛘	No Ø
2.	What is t	the minir	num inves	tment that	vill be acc	epted from	any individ	uai?	*******************			. \$50,00	10
3.									<b>5400</b> 121400000000000000000000000000000000			Yes	No
	a person states, lis broker or	sion or si to be lis st the na r dealer,	milar remuted is an a me of the you may s	ineration for issociated p broker or d et forth the	r solicitation erson or aq lealer. If r	on of purch gent of a br nore than f	asers in cor oker or dea ive (5) pers	inection wi ler register sons to be l	or given, th sales of s ed with the listed are as	ecurities in SEC and/or	the offering	g. If te or	
Full	Name (L	ast name	first, if in	dividual)									
Busi	iness or R	Residence	Address (	(Number an	d Street, C	City, State, 2	Zip Code)			_			<u></u>
Nan	ne of Asso	ociated B	roker or I	Dealer	-								
State	es in Whi	ch Perso	n Listed H	as Solicited	or Intend	to Solicit	Purchasers	·	· · · • · · · · · · · · · · · · · · · ·				
	(Check "	'All State	s" or chec	k individua	l States)	**************			*1*4***********		*****************	🗖 All So	ates
[AL		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[RI		sc)	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (L	ast name	first, if in	dividual)				<del> </del>			<del></del>	<del></del>	
Busi	iness or R	Residence	Address (	(Number an	d Street, C	ity, State, 2	Zip Code)					_	
Nam	ne of Asso	ociated B	roker or D	Caler									<del></del> -
State	es in Whi	ch Perso	n Listed H	as Solicited	or Intend	to Solicit	Purchasers						
	(Check "	'All State	s" or chec	k individua	l States)	*******	**********		*************			🗆 All S1	ates
[AL		AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]		IN] NE}	[IA] [NV]	(KS) [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	(MN] [OK]	(MS) [OR]	[MO] [PA]
[RI		sc]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (L	ast name	first, if in	dividual)									
Busi	iness or R	Residence	Address (	(Number an	d Street, C	ity, State, 2	Zip Code)						
Nam	e of Asso	ociated B	roker or D	Dealer									
State	s in Whi	ch Person	n Listed H	as Solicited	or Intend	to Solicit	Purchasers	<u></u>			<del></del> -		<del></del>
	(Check "	All State	s" or chec	k individua	l States)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***********		************	🗆 All St	tates
[AL	•	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL	] [:	IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT [RI		NE] SC]	(NV) (SD)	[NH] [TN]	[UJ] [TX]	(MM) (UT)	[NY] (VT)	[NC] [VA]	(ND) (WA)	[OH] [WV]	[WI]	[OR] (WY)	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	\$	•
	□ Common □ Preferred		· ·
	Convertible Securities (including warrants)	<b>S</b>	s
	Partnership Interests	S	•
	Other (LLC Interests)	\$3,000,000	\$1.300,000
	Total	\$3,000.000	\$ <u>1.300.000</u>
2.	Answer also in Appendix, Column 3, if filing under ULOE.  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	A the J T	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_1.300.000
	Non-accredited Investors.		
	Total (for filings under Rule 504 only)	<del></del>	2
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		2
	Regulation A		2
	Rule 504	·	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees		\$_50.000
	Accounting Fees.		\$_40,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) (travel)		\$
	Total		\$_90,000
	LVIII		<b>₹</b> _₹ <b>₹₹</b> ₹₩

	<ul> <li>Enter the difference between the aggregate offer total expenses furnished in response to Part C- proceeds to the issuer."</li> </ul>	Question 4.a. This difference is the	"adjusted gross	\$ <u>2.9</u>	10.000
5.	Indicate below the amount of the adjusted gross purposes shown. If the amount for any purpose estimate. The total of the payments listed must e Part C—Question 4.b above.	s not known, furnish an estimate ar	d check the box to the let	t of the	
				Payments to	
				Officers, Directors & Affiliates	Payments to Others
	Salaries and fees	***************************************	🗷	\$_708.000	□ \$
	Purchase of real estate	*************************************		\$	□ <b>s</b>
	Purchasing, rental or leasing and installation	of machinery and equipment		<b>S</b>	<b>2</b> \$ 310,000
	Construction or leasing of plant buildings an	d facilities		<u> </u>	□ <b>s</b>
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another		e	<b></b>
	Repayment of indebtedness				_ <b>s</b>
	Working capital				国 \$1,159,500
	Other (specify): Product Development (\$28				☑ \$ 412,500
	T (4102.000)	7,500), Dictisc		J	<u> </u>
	Marketing Fees (\$250,000), Rent (\$70,000)			\$_320,000	□ S
	Column Totals				<b>E</b> \$1,882,000
	Total Payments Listed (column totals added)			<b>⊠</b> \$2,910	<u> </u>
	• • • • • • • • • • • • • • • • • • •	,		¥.,	.,
C. A				ALL MARKET COMMENTS	
COI	e issuer has duly caused this notice to be signed by t istitutes an undertaking by the issuer to furnish to the nished by the issuer to any non-accredited investor p	e U.S. Securities and Exchange Con	mission, upon written rec		
	uer (Print or Type) e VisionWorks Group, LLC	Signature	C-	Date 11/15/0	6
Na J	me of Signer (Print or Type) effrey Glass	Title of Signer (Print or Type) CEO			
		ATTENTION			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		475.5	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes D	No □
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on 239.500) at such times as required by state law.	Form D	(17 CFR
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the iss	uer to of	ferees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption establishing that these conditions have been satisfied.	Limited	Offering
The auth	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the torized person.	undersi	gned duly
	cr (Print or Type) VisionWorks Group, LLC  Signature  U//5/0	6	<del></del>
	ne of Signer (Print or Type)  Effrey Glass  CEO  Title of Signer (Print or Type)		<del></del>

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	<u> </u>	2	3 4						5	
	non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
1				Number of Accredited		Number of Non-Accredited				
State	Yes	No	_LLC Interests	Investors	Amount	Investors	Amount	Yes	No	
AL	<u></u>							<u>.                                    </u>		
AK										
AZ										
AR										
CA				_				,		
со							-			
CT	-									
DE										
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ні							-			
ID										
IL		х	2,800,000	13	1,100,000					
IN										
IA										
KS										
KY									-	
LA			-							
ME										
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MA										
MI		х	2,000,000	2	200,000					
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мо										
				L	<u></u>	<u></u>				

1		2	3	4 5						
	non-ac- investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited				
State	Yes	No	LLC Interests	Investors	Amount	Investors	Amoust	Yes	No	
MT						_				
NE										
NV										
NH										
NJ		:								
NM										
NY				···						
NC										
ND								·		
ОН										
OK								_	_	
OR										
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RI			- · <u>.</u>							
sc		<u></u>								
SD										
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UT										
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VA						i				
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